

**MAIL COMPLETED FORM****TO :** DOH/EHA/HWD51 N St, NE 3<sup>rd</sup> Floor  
Washington, DC 20002

GOVERNMENT OF THE DISTRICT OF COLUMBIA

**RCRA SUBTITLE C SITE IDENTIFICATION FORM**

<b>1. Reason for Submittal</b> (see instructions on page 9)  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input type="checkbox"/> As a component of the Hazardous Waste Report.			
<b>2. Site EPA ID Number</b> (page 10)	<b>EPA ID Number:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<b>3. Site Name</b> (page 10)	<b>Name:</b>			
<b>4. Site Location Information</b> (page 10)	<b>Street Address:</b>			
	<b>City, Town, or Village:</b>	<b>State:</b>		
	<b>County Name:</b> <i>District of Columbia</i>	<b>Zip Code:</b>		
<b>5. Site Land Type</b> (page 10)	<b>Site Land Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
<b>6. North American Industry Classification System (NAICS) Code(s) for the Site</b> (page 11)	<b>A.</b>	<b>B.</b>		
	<b>C.</b>	<b>D.</b>		
<b>7. Site Mailing Address</b> (page 11)	<b>Street or P. O. Box:</b>			
	<b>City, Town, or Village:</b>			
	<b>State:</b>			
	<b>Country:</b>	<b>Zip Code:</b>		
<b>8. Site Contact Person</b> (page 11)	<b>First Name:</b>	<b>MI:</b>	<b>Last Name:</b>	
	<b>Phone Number:</b>	<b>Extension:</b>	<b>Email address:</b>	
<b>9. Operator and Legal Owner of the Site</b> (pages 11 and 12)	<b>A. Name of Site's Operator:</b>		<b>Date Became Operator (mm/dd/yyyy):</b>	
	<b>Owner Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
	<b>B. Name of Site's Legal Owner:</b>		<b>Date Became Owner (mm/dd/yyyy):</b>	
	<b>Owner Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

Expires 1/31/2006

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EPA ID NO:    

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Expires 1/31/2006

11. Description of Hazardous Wastes (see instructions on page 16)

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.


**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-regulated hazardous wastes handled at your site. **The District has NO non-Federal waste codes as of this date.** Use for waste codes of disposal state.


12. Comments (see instructions on page 16)


**13. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. **(see instructions on page 16)**

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)	